

"Health of the Nation" strategy were chosen: cardiovascular disease, HIV/AIDS, gastric/peptic ulcer disease, and mental illness. A literature review was undertaken to identify 3 to 5 studies in each disease area which produced evidence of cost-savings to the health care system or cost-effectiveness in delivering patient benefits. The studies were assessed for economic methodological quality using a scoring system adapted from Rapier and Hutchinson (1995) for relevance/influence on clinical practice as determined by a panel of clinicians, and for significance to patients by interviews with patient group representatives.

RESULTS: Most of the studies scored well on the methodological test (<13 out of a maximum of 15). Influence on clinical practice was not necessarily related to the quality of the economic analysis. The importance of the clinical problem and the nature of the clinical evidence on which an economic study was based played a large part. Patients' perception of benefits did not always concur with that of the clinicians. Whilst there was consensus on the value demonstrated in some studies, particularly in HIV/AIDS and ulcer treatment, there was a divergence of view in many cases between the economists/clinicians on the quality of studies. Clear evidence of cost-saving was difficult to find, but evidence of cost-effectiveness acceptable to all three groups was identified in several areas.

CONCLUSION: The results of this study show: the need to identify problems as perceived by patients/clinicians; the need to ensure that the clinical audience understands the nature/purpose of economic evaluations; and the need to use the most appropriate study design/evaluation methods.

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PRENATAL CARE AND BIRTH WEIGHT IN THE UNITED STATES

Feng W

Merck-Medco Managed Care, L.L.C., Montvale, NJ, USA

This study is the first to examine the determination of birth outcomes, employing individual data at the national level in the U.S. The data source is from the 1987 U.S. linked birth/infant death certificates. Our analytical framework is to estimate the infant health production function from a behavioral model in which health inputs are themselves choices. We place major emphasis on the instrumental variables method of estimation to correct for the endogeneity bias. The effects of endogenous inputs, such as prenatal care, maternal age, and fertility, on birth weight are investigated. We specially focus on the analysis of the effect of prenatal care on birth weight, controlling for endogeneity of prenatal care, maternal age, and fertility.

We find that OLS underestimates the gains to prenatal care by a factor of 9.4 for blacks, about 3.1 for whites, and 4.8 for the pooled blacks and whites sample. Black mothers who seek prenatal care one month earlier give birth to babies 124 g more in birth weight, while for

white mothers the corresponding number is about 99 g. The policy implications for this study are straightforward. The benefits for public prenatal care programs appear substantial, especially for blacks. Moreover, cost-effective approaches to improving birth outcomes through the expanded utilization of prenatal care will motivate women who otherwise would receive late or no care to begin care in the early trimester.

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EVALUATION OF A PATHWAY FOR PROVIDING PHARMACEUTICAL CARE

Burgess S, Perri M

Department of Clinical and Administrative Sciences, University of Georgia, Athens, GA, USA

Self-medication and the use of clinical pathways have become important tools in managing scarce health care resources. To determine the success of such programs, it is essential to measure health outcomes and patient satisfaction. The objective of this study was to evaluate a pharmaceutical care pathway via patient satisfaction with service and product, and willingness to pay (WTP).

METHODS: The pathway, focusing on cough, cold, sinus, and allergy OTC medications, was used by 18 pharmacy interns to counsel customers. These customers (experimental group) answered demographic questions in-store and later received follow-up phone calls to determine their levels of satisfaction and WTP. The data for the control group was collected using in-store surveys. The control group was not counseled using the pathway. The data were analyzed to make comparisons between the experimental and control groups, based on demographic data, satisfaction scores, and WTP amounts.

RESULTS: After controlling for independent covariates such as age, gender, income, etc., it was found that the control group's (n = 210) WTP was \$1.47 less than the experimental group's (n = 213). Also, the level of overall satisfaction (service and product) in the control group was found to be almost 20% less than that of the experimental group.

CONCLUSIONS: The experimental group was more satisfied with the counseling service and product that they purchased. This group was also more willing to pay for the service they had received. It was found that the WTP amount was not influenced by factors such as age, educational level, income, gender, race, family size, or marital status but only by the difference in counseling received. Overall satisfaction appears to have been influenced by the structured counseling and by the education level, where the level of satisfaction was directly proportional to the level of education.